REPORT TO CITY CLERK SPECIAL DESIGNATED LICENSE APPLICATION

Log # 255-261

Police City Attorney Bureau of Fire Prevention Health Department	DATE: 6/13/11 Return by: 6/1611
CATERER:X	NON - CATERER:
APPLICANT NAME & ADDRESS: OLD F	EDERAL PLACE LLC, 129 N 10 TH STREET
	IOME GAME TAILGATE SDL EVENTS ON SEPT. 3, 10, 5, 25, 2011. 7:00 A.M. TO 2 A.M. EACH DATE
ALTERNATE DATE(S): NONE	
	ΓΙΟΝ OF APPROVAL OR DENIAL
APPROVED CONDITIONS	
DENIED REASON(S) FOR	
ALL L	7
Signature (If needed,	Use back for additional space)
PUBLIC HEARING BEFORE COUNCIL: July 18,20.	<u>11</u>
(SDLRPT.JER)	RECEIVE

255	
TO THE LIQUOR CONTROL COMMISSION	
or County Clerk where the event is to be held	
Liquor Control Commission) for each day/event to be reas at one event they both need to be licensed) (unless)	
iquor Control Commission Office no later than 10 working s, Federal and State observed holidays)	
sumed	
d Spirits	
CX-87861	
orate name, Limited Liability Company (LLC)	

APPLICATION FOR SPECIAL **DESIGNATED LICENSE** RETAIL LICENSE HOLDERS

NEBRASKA LIQUOR CONTROL COMMISSION 301 CENTENNIAL MALL SOUTH PO BOX 95046 LINCOLN, NE 68509-5046 PHONE: (402) 471-2571

FAX: (402) 471-2814

Website	: www.lcc.ne.gov/					
BEF	ORE SUBMIT	TING APPL	ICATION TO THE I	LIQUOR CON	TROL COMMISSION	
	Include approval from the City, Village or County Clerk where the event is to be held					
	A license fee \$40 (payable to Nebraska Liquor Control Commission) for each day/event to be licensed (i.e. if you have two separate areas at one event they both need to be licensed) (unless licensed as a K Caterer no fees required)					
	Application MUST be received at the Liquor Control Commission Office no later than 10 working days prior to event (excluding weekends, Federal and State observed holidays)					
COM	PLETE ALL	QUESTIONS				
1.	Type of alcoh	ol to be serve	d and/or consumed			
	Beer	∀ Wine	Distilled Spirits			
2.	Liquor license	number and	class (i.e. C-55441)	CX - 87	1861	
3.	Licensee name (last, first, middle), Corporate name, Limited Liability Company (LLC)					
	NAME: OLD FEDERAL PLACE LLC					
	ADDRESS: 129 N 10th STREET					
	CITY LIN	ICOLM	NE 6850	ව	ZIP <u>685</u> 08	
1.	Location where event will be held; name, address, city, county, zip code					
	ADDRESS: J	29 N	10th STREE	Γ		
	CITYLIN	COLM			zip <u>68509</u>	
	COUNTY	NCAS	TER		_	

	a. Is this location within the city/village limits?b. Is this location within the 150' of church, school, hospital or home aged/indigent or for veterans their wives?					☑ YES □ NO	
						YES NO	
	c. Is	mpus?	YESTNO				
Must l	be consecu						
5.	Date(s) ar	nd Time(s) of event	t (no more then six	(6) consecutive da	ays on one applica	tion)	
Date C	9/03/11	Date	Date	Date	Date	Date	
Hours	Fron 7:00%	Hours From	Hours From	Hours From	Hours From	Hours From	
	To 2 LOOM	1 То	То	То	То	То	
	1. 41	ternate date: Note ternate location: Note laternate date or location.		oproved by local)			
6.	Indicate type of activity to be carried on during event ☐ Dance ☐ Reception ☐ Fund Raiser ★ Beer Garden ☐ Sampling/Tasting ☐ Other						
7.	Description of area to be licensed ☐ Inside building, dimensions of area to be covered IN FEET						
	□ other, explain						
	*If both inside and outdoor area to be licensed include simple sketch						
8.	How many attendees do you expect at event? 500						
9.	If over 150, indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. WRISTRANDS						
10.	Will premises to be covered by license comply with all Nebraska sanitation laws? YES □ NO						
	a. Ar	e there separate toi	lets for both men a	nd women?	XYES 🗆 NO		
11.	Where will you be purchasing your alcohol						
12.	Will there If so, desc	be any games of cribe activity	hance operating du	ring the event?	□ YES 🛣 NO		
		0.1		Payanya Charitable	Comina Division are	normitted All other	

NOTE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations or any events raising funds for a charity. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

- 13. Any other information or requests for exemptions:
- 14. Name and **telephone number/cell phone number** of immediate **supervisor**. This person will be at t the location of the event when it occurs, able to answer any questions from Commission and/or law enforcement before and during the event, and who will be responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to.

Print name of Event Supervisor Phone: Before (402)440 · 7368 During (402)440 - 7	1368
Signature of Event Supervisor	
Consent of Authorized Representative/Applicant	
15. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State	

sign here Authorized Representative/Applicant DIRFCTOR Date

Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons

LISA FROELLICH
Print Name

directly responsible to the bolder of this Special Designated License.

This individual must be listed on the application as an officer or stockholder unless a letter has been filed appointing an individual as the catering manager allowing them to sign all SDL applications.

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

* THE FOLLOWING SUPPLEMENTAL FORM IS REQUIRED FOR ALL $\underline{OUTDOOR\ EVENTS}$ *

SPECIAL DESIGNATED LICENSE APPLICATION SUPPLEMENTAL FORM

The Special Designated License process is not intended to be used as a means to expand the existing licensed premise.

Name of Event: FOOT DALL TAILGATING EVENT	
Applicant and Sponsoring Organization or Person (if applicable):	
Date of Event: 69/05/11 Time of Event: 7:00.4	AM - 2:00 AM
Has the applicant applied for and received liquor liability insurance?	X Yes □ No
Number of persons expected to attend: _560 Number of persons under 21	expected: UNK
Is the event open to the public?	X Yes □ No
How will you ensure that minors will not be served or consume beverages containing alcohol:	WILL BE
FENCED IN , I SECURITY GUARD P/100 GUESTS	, WEISTBANDS
Will food be served?	¥Yes □ No
If yes, please list food to be served: MULTIPLE VENDORS	
Will non-alcoholic beverages be served: If yes, please list non-alcoholic beverages to be served: PEPSI PRODUCTS	¥ Yes □ No
Please identify the beverages containing alcohol that will be served:	Seer ■Distilled Spirits
Will this be a cash or complimentary bar?	☐ Complimentary
Who will serve the beverages containing alcohol? GRAND MANSE EMPLO	NEES
Have the designated servers received responsible beverage service training?	¥ Yes □ No
Will there be a charge for admission?	□ Yes 💆 No
In the last 12 months, have you received notice of a liquor law violation that occurred during an designated licensee?	event at which you were the special Yes No
If so, explain:	
Cather Wellt Applicant's Signature	05 10 1 Date

THE FOLLOWING SUPPLEMENTAL FORM IS REQUIRED FOR ALL OUTDOOR EVENTS

SUPPLEMENTAL FORM FOR SITE PLAN INFORMATION

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

1.	Number of Entry & Exit Points & Dimensions:(height & width)x	
2.	Size & location of tent(s): (heights, width, depth) (xx)	
3.	Size of area being used: (height & width) (1-1 x 7.100)	
4.	Location & type of cooking equipment (if used) 11/A (50 x 75)	
	Location of tables & chairs: (If stage for band provided & dance area, show dimensions & site on drawing.)	
0.	Height & type of fencing to be used: UFT CHAIN LINK (height) UHOV 12 PANELS	
	DEE ATTACLIED	

Saved as: SDL Online Application